

note the significant fact that abortion mortality (8.2/100,000 abortions) was shown in this study to be significantly lower than maternal mortality in the United States (24.7/100,000 live births). Moreover, this liberalization of abortion has been temporarily related to a reduction in out-of-wedlock births after a generation of steady increase.

The recent decision of the Supreme Court of the State of California (*The People vs. Robert W. Barksdale*) found that abortion is a medical situation involving the doctor and patient and does not require approval by a hospital staff committee. The Court also noted that the language establishing medical criteria for approval of abortions was impermissibly vague. Furthermore, district attorneys and courts will no longer necessarily be involved with rape or incest cases. Termination in an accredited hospital by the 20th week of pregnancy remain standing as legal requirements.

Surely there is room for carefully reasoned differences of opinion in this controversial area of medical care which has grown so rapidly. Abortion services must be an accepted option in the medical care of women, and should be individualized rather than mass-produced. Each woman is entitled to make her decision with maximum self-knowledge and understanding. Polemic statements can arouse emotions, but gain little for those they purport to serve—the women of California who look to us for considerate, high-quality medical treatment.

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TO THE EDITOR: In the November, 1972, issue of *CALIFORNIA MEDICINE* appeared a long editorial by Dr. James H. Ford, titled "Mass-Produced, Assembly-Line Abortion—A Prime Example of Unethical, Unscientific Medicine." Although Dr. Ford quotes innumerable references, all very briefly, he uses very short quotations, sometimes out of context. This is certainly unscientific, and I would submit that it is probably unethical. Dr. Ford is obviously quite strongly on the anti-abortion side of this controversial issue. If one carried his logic out, nothing in medicine would be therapeutic, but all would be experimental. He is talking about guarantees of outcome which no one ethically can do in medicine. To be sure, the emotional impact of abortion on a woman of childbearing age is very great, and the follow-up

evaluation of one's emotional status has not been studied in a scientific way with both controls and double-blind studies. This, however, has rarely been done in any psychiatric study and I suspect by current methodology is probably impossible.

But let's be blunt and face the issue. Most of the abortions that have been done for psychiatric reasons have been clearly not because the patient had been worked up well psychiatrically where extensive knowledge of her background was known to the psychiatric consultant, where there had been a generally long history of emotional upset. Indeed, I don't think anyone could seriously doubt that this has been a ploy in order to perform this procedure. It has, therefore, put the psychiatrist in a very uncomfortable position of making statements which are clearly not backed by adequate knowledge of his patient.

It is equally obvious that prevention, and therefore adequate contraceptive advice of whatever type would be preferable to abortion, and that abortion should be considered a back-up for contraceptive failure or lack of use. But it is also clear that to force a young woman to carry through a pregnancy that is unwanted has never in the past been demonstrated to be beneficial to her well-being and certainly an unwanted baby has several strikes against him when he enters the world. True, some have overcome this marked disadvantage, but lacking sufficient data and challenging Dr. Ford to produce some to the contrary, I would suspect that the large majority of children produced in this way end up with serious problems of not only psychiatric and social origin, but also of what we would consider strictly medical nature.

It seems to me that in discussing this issue the problem is one of the relationship of the patient and her physician and that the conscience of both have to be considered, and it probably has no more unethical aspects than the unnecessary tonsillectomy, hysterectomy or penicillin for a cold on the patient's request without adequate medical justification.

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TO THE EDITOR: I read Dr. James H. Ford's article "Mass-Produced, Assembly-Line Abortion" [*Calif. Med.* 117:80-84, Nov 1972] with much interest and dismay. Interest, because he said very well a number of things that need saying; dismay,

because he did not so much as mention the major public health problems that underline the subject of his polemic.

These problems are two: First, in every country where abortions are *not* available legally under competent medical auspices, women obtain illegal abortions, either self-performed or through "abortion-mills." Supporting statistics include those from certain South American countries where the major cause of death of women of child-bearing age is abortion, even though the whole weight of government, the Church, and male-dominated custom prohibits abortions of any kind. Also, from the Encyclopaedia Britannica of 1959, "In spite of the legal hazard and maternal risk, induced abortion destroys about 16 percent of diagnosable pregnancies in the United States," about 1,000,000 per year! Conservatively this means at least 10,000 deaths and major complications per year, prior to the availability of legal abortions.

Second is the problem of unwanted children—with an estimated 50,000 abused and battered unwanted children per year in the United States.

There exists presently no really satisfactory answer to this problem. The solution not only cannot be as simplistic as suggested in Dr. Ford's article "... the medical profession should insist on such controls forthwith," but the adequate solution is not even foreseeable, at least to me. But surely the solution to these serious public health problems cannot result from considerations which completely ignore their existence.

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Dr. Ford Replies

JUDGING FROM THE FACT that Margolis and Goldsmith have had to extend their attack to areas somewhat afield of my limited thesis: one must assume that my article, *per se*, is not easily refutable. In fact, in spite of a valiant effort to discredit me personally with *ad hominem* appeals, their opinions have actually failed to refute any of the specific assertions found in my synopsis. And this of itself would appear to recommend my article as worthy of some thoughtful consideration.

Now it would not be possible to adequately answer all the additional issues they have raised without writing another triple-length article (which I very much doubt the editor would abide). Take as just one example the irrelevant issue of women's rights. This is usually not injected into pro-

fessional discussions about the ethics or indications for breast biopsies, C-sections, or other accepted, surgical interventions. Why then in this case?

In a similar vein, the recent California Supreme Court decision (I could write a book about this anomalous situation alone!) is also irrelevant to the ethical issues dealt with in my article. Our profession has always recognized that the physician's conduct must be governed by a considerably higher ethical standard (*e.g.*, take fee-splitting or advertising by physicians) than the lowest-common-denominator type of behavior demanded by the state or the courts.

Admittedly, abortion is a "highly charged" subject—*no matter who discusses it!* Expressions about "polemic statements [arousing] emotions" would appear to be a case of the teapot calling the kettle black. As for such terms as "pejorative remarks," in this instance, I believe I am more sinned against than sinning.

And as for "bias," isn't everybody biased, for whatever reason, in favor of his own opinion? Then why is *my* bias singled out as something unique? The pretension that one has no prejudices is itself a very great prejudice. Aren't the abundant statements in my article by such liberal abortion advocates as Overstreet, Russell, Tietze, Sloane, Halleck, etc. indicative enough of my awareness of opposing opinion on this subject? When viewed in this light, can my article not be seen as demonstrating considerably more balance, and less bias, than many other articles on the subject?

Have Margolis and Goldsmith really studied my article and my references? Their gratuitous implication to the effect that abortion, as it is now being practiced in California, is "considerate, high-quality medical treatment" and a service to women completely begs the scientific question under discussion;—especially when such an implication is issued as an imperative to the medical profession at large. And using the "self-knowledge" of women as some sort of criterion for the the abortion decision only further obfuscates the matter. Furthermore, although they say they are against mass-produced abortion, apparently as a matter of principle; they also appear to be advocates of an abortion-on-request philosophy that has led inevitably to its establishment as a practical reality. Rather incongruous!

As for their statistics on abortion mortality: I must challenge that figure of 8.2 deaths per 100,000 legal abortions. Since these deaths are